

Thomas O. Forslund, Director

**Governor Matthew H. Mead** 

## Approval Notice Presumptive Eligibility (PE) Medicaid Pregnant Women Program

Date: Client Name: Client Mailing Address:
Based on the information you provided, you are temporarily eligible for the Medicaid Pregnant Women program for the time period:
<ul> <li>About your Presumptive Eligibility benefits:</li> <li>You are eligible for outpatient Medicaid covered services only.</li> <li>This coverage will not pay for the delivery of your baby.</li> <li>You will receive a Medicaid card within 2 weeks. Take this card with you (or show this letter to providers before receiving your card) when you go to the doctor, hospital, or pharmacy.</li> </ul>
Note to Providers:  • Please call one of the following number to verify eligibility after the eligibility date above: 307-772-8403 or 1-800-251-1270
<ul> <li>How to get ongoing Medicaid:</li> <li>Complete a Medicaid Application</li> <li>Return the application to the Wyoming Department of Health Customer Service Center.</li> <li>The Customer Service Center will process the application and notify you if you are eligible for a Medicaid program.</li> </ul>
Qualified Provider
Qualified Provider's Telephone Number